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Teresa Lampl, LISW-S
Senate Finance Committee
Testimony on HB 96 (SFY 2026-27 Operating Budget)
June 5, 2025

Chair Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee thank you for the opportunity to offer testimony on House Bill 96, the state operating budget proposal for state fiscal years 2026-2027.

I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a statewide trade and advocacy association representing over 175 private businesses that provide community-based prevention, substance use, mental health, recovery, and family services throughout Ohio.

I am here today to offer our perspective and seek changes concerning two provisions within the Senate's substitute budget bill – they are the 988 Crisis Line funding amount and greater flexibility around the Medicaid trigger language for the Group VIII Medicaid expansion program.

988 Suicide and Crisis Line Funding

First, I want to thank Governor DeWine and the Ohio General Assembly for the recent investments and efforts to develop and strengthen the community behavioral health system of care in Ohio. Your efforts are making a difference. However, we must do more to develop and strengthen our crisis system so that individuals receive a treatment response rather than a criminal justice response in all communities throughout Ohio. That is why we strongly support the DeWine administration's efforts to expand the crisis services infrastructure that includes mobile response and stabilization services (MRSS) for youth and new mobile services for adults.

However, I want to bring to the committee's attention the need for additional funding for the 988 Suicide and Crisis Lifeline. The House reduced the executive budget proposal funding for 988 by a significant amount – down to \$20 million each fiscal year, which is below current operational costs. Calls to 988 increase month-over-month and an actuarial study commissioned by OhioMHAS anticipates a 29% increase in call volume in state fiscal years 2026 and 2027. The 988 suicide and crisis line is saving lives, and helps people solve problems without needing further intervention beyond the call – by connecting individuals to behavioral health professionals rather than an emergency room or jail. 988 is more than a call center, it's a vital service intervention.

Accordingly, we strongly urge the ***Senate to adjust the appropriation of funds for 988 by restoring the amount to the Governor's executive proposal (\$34 million in SFY 26 and \$41 million in SFY 27) to support this critical service and continue saving lives.***

Group VIII Medicaid Expansion Termination Transition Process

Second, with respect to the Medicaid expansion trigger language remaining intact in the Senate sub bill, ***I want to urge lawmakers to consider including an amendment that would establish a formal and orderly process for removing the 770,000 Ohioans from Medicaid coverage if the situation was required.*** This process should set expectations and timelines that give Ohioans time and resources to find alternative ways to access care, including life-saving medications.

Specifically, and on behalf of the Ohio Council and the Ohio Medicaid Matters Coalition, I respectfully request that the Senate:

- Remove the word “immediately” from the trigger clause to prevent abrupt discontinuation of medical assistance, which could leave individuals without necessary care.
- Revise the language to stipulate that Group VIII eligibility will be terminated if the Federal Medical Assistance Percentage (FMAP) is reduced after the Ohio Department of Medicaid Director submits the necessary state plan amendment and receives federal approval to end coverage OR after 120 days, whichever is shorter. This approach allows for a measured and thoughtful response to funding changes.
- Require the Ohio Department of Medicaid Director to submit a comprehensive transition plan within 30 days. This plan should include:
 - Notification procedures for impacted recipients and providers.
 - Information on alternative insurance coverage options and assistance programs.
 - Defined roles for Managed Care Organizations (MCOs), county departments of Job and Family Services, ombuds programs and other stakeholders in supporting individuals through the transition, including assistance with continuing care and applications for disability or other Medicaid coverage options.

Implementing an amendment with these provisions will balance the state’s fiscal responsibility, provide necessary safeguards against coverage gaps and ensure that Ohioans receive the support they need during transitions in their healthcare coverage.

Conclusion

Investing in mental health and substance use care, including crisis care, is sound public policy and wise economic strategy. Recent data shows Ohio’s investments in behavioral health is saving lives as both opioid overdose deaths and suicide rates are beginning to decline. Please continue these lifesaving investments. Thank you for your time and consideration and the opportunity to offer this testimony today. I am happy to answer any questions.